PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

| maintenance les nonnes | 10115. | | JE FEE and PUBLICATIOn ders and notification of many specifying a new corresponding to the second se | ON FEE (if required intended fees woondence address; | red). Blo ill be ma and/or (I | icks 1 through 5 shalled to the current b) indicating a separation only be used for | r domestic mailings of the |
|--|---|---|--|---|-------------------------------------|---|--------------------------------|
| CURRENT CORRESPONDENCE ADDRESS (Note: Uso Block 1 for any change of address) | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | |
| 28581 7590 12/16/2008 DUANE MORRIS LLP - Princeton PO BOX 5203 PRINCETON, NJ 08543-5203 | | | | Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| | | | | | | | (Depositor's name) |
| | · | | | | (Signeture) | | |
| | | | · | | | | (Dato) |
| APPLICATION NO. | FILING DATE | | PIRST NAMED INVENTOR | | ATTORI | NEY DOCKET NO. | CONFIRMATION NO. |
| 10/518,129 | | | Emily A. Carter | er 58086-223916 | | 086-223916 | 6714 |
| TITLE OF INVENTION: SUPPORTED METAL CATALYST WITH IMPROVED THERMAL STABILITY | | | | | | | |
| | | | | | | | |
| | | | | | | | DAME DUE |
| APPLN. TYPE | SMALL ENTITY | issue fee dub | PUBLICATION FEE DUB | PREV. PAID ISSU | E FEB | TOTAL FEE(S) DUE | 03/16/2009 |
| nonprovisional | YES | \$755 | \$300 | \$0 1 | | \$1055 | 03/10/2007 |
| BXAMINER | | ART UNIT | CLASS-SUBCLASS | | | | |
| Johnson, Kevin M | | 1793 | 502-303000 | | | | |
| CFR 1.363). Change of corresp Address form PTO/S | ence address or indication condence address (or Che B/122) attached. lication (or "Fee Address | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to | | | | | |
| PTO/SB/47; Rev 03-1 Number is required | 02 or more recent) attac | 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED OF THE PRINTED OF THE PLASE NAME AND RESIDENCE IS identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| vs/ time of the control of the contr | | | | | | | |
| Princeton University Princeton, NJ | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government | | | | | | | |
| 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) | | | | | | | |
| Thomas by and it card From PTO-2038 is attached. | | | | | | | |
| ☐ Advance Order - # of Copies | | | | | | | |
| 5. Change in Entity Status (from status indicated above) \[\begin{align*} \text{ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.} \] \[\begin{align*} \text{ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).} \] NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.} | | | | | | | |
| NOTE: The Issue Fee a interest as shown by the | nd Publication Fce (if re records of the United S | quired) will not be acceptates Patent and Tradema | ted from anyone other than rk Office. | the applicant; a re | gistered a | attorney or agent; or | the assignee or other party in |
| | /Won-Joo | • | | DateE | ebr | uary 4, 2 | 2009 |
| | Won-Joon | Kouh | | Registration | No | 42,763 | |
| This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments of the amount of time you require to complete submitting the completed application for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, | | | | | | | |
| Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. | | | | | | | |